



CITY OF FAIRFAX

WILLIAM PAGE JOHNSON, II

Commissioner of the Revenue

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2014

BUSINESS LICENSE APPLICATION

DUE WITHIN 30 DAYS OF STARTING BUSINESS

DATE BUSINESS BEGAN	LICENSE NUMBER	FEDERAL I.D. OR SOCIAL SECURITY NO.

APPLICANT'S NAME _____ INDIVIDUAL ☐ CORPORATION ☐

TRADE NAME (if any) _____ PARTNERSHIP ☐ ASSOCIATION ☐

MAILING ADDRESS _____ BUS. TEL. NO. _____

CITY / STATE / ZIP CODE _____ BUS. FAX NO. _____

BUSINESS LOCATION _____ E-MAIL _____

NATURE OF BUSINESS _____

DO YOU RENT OR LEASE THESE BUSINESS

PREMISES? ☐ YES ☐ NO

(IF YES, FURNISH NAME AND ADDRESS OF LANDLORD OR LESSOR.)

NAME _____

MAILING ADDRESS _____

AMOUNT OF ANNUAL RENT \$ _____

CITY / STATE / ZIP CODE _____

LINE	SERVICE DESCRIPTION	INSTRUCTIONS	GROSS RECEIPTS COLUMN A	TAX RATE COLUMN B	TOTAL TAX COLUMN C
1		Enter estimated 2014 Gross Receipts on Line 1 Column A. Enter rate (see schedule) on Line 1 Column B. Multiply Line 1 Column A by Line 1 Column B and enter result on Line 1 Column C.			
2		For License based on Flat Rate (see schedule) enter on Line 2 Column C.			
3					
4					
5					
6					
7					

OATH: I, THE UNDERSIGNED APPLICANT DO SWEAR (OR AFFIRM) THAT THE FOREGOING FIGURES AND STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SUBTOTAL:

PENALTY:

INTEREST:

TOTAL AMOUNT DUE:

SIGNATURE OF APPLICANT

DATE

PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING

PHONE NUMBER

*** YOU MUST REPORT GROSS RECEIPTS *
MAKE CHECK PAYABLE TO: TREASURER, CITY OF FAIRFAX**

PLEASE REVIEW REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

COF-11/13-BAR14